

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH  
ELEVATOR, RIDE AND TRAMWAY UNIT  
INTENT TO INSTALL FORM

Pursuant to Section 3001(a)(1) and Section 3001(a)(4) of California Code of Regulations, Elevator Safety Orders, accept this letter as notice that \_\_\_\_\_ Elevator Co., Phone #: \_\_\_\_\_ intends to install or alter an elevator(s) at the following location:

ADDRESS:

The following technical information is provided for your information:

Type of Unit: Pass; Frt.; DW; Esc; VRC; WCL; MW; Other. (Circle one or more)

Machine Type: \_\_\_\_\_ Rise: \_\_\_\_\_ Rated Speed: \_\_\_\_\_ Rated Load: \_\_\_\_\_

Control Type: \_\_\_\_\_ Controller Model: \_\_\_\_\_

New Technology, Design or Observation Car: Yes or No (If yes, plans are attached)

**New:** \_\_\_\_\_ **If yes, Number of Units:** \_\_\_\_\_

**Alteration:** \_\_\_\_\_ If yes, complete below by listing the applicable Rule(s)  
From Part XII or ASME A17.1 – 1996:

Rule#: \_\_\_\_\_ Description: \_\_\_\_\_

Rule#: \_\_\_\_\_ Description: \_\_\_\_\_

Rule#: \_\_\_\_\_ Description: \_\_\_\_\_

Rule#: \_\_\_\_\_ Description: \_\_\_\_\_

Rule#: \_\_\_\_\_ Description: \_\_\_\_\_

CA State ID Number(s): \_\_\_\_\_

**All necessary adjustments to the elevator will be completed before an acceptance inspection is requested. The elevator will comply with all related Safety Orders in the California Code of Regulations. Estimated completion date    /    /    .**

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Return Form To: \_\_\_\_\_  
Division of Occupational Safety and Health  
Elevator, Ride and Tramway Unit